WILLOWBROOK NURSING & REHABILITATION CENTER 901 MULBERRY STREET

JOI HODDERIKE D.	11/001			
LAKE MILLS	53551	Phone: (920) 648-8344		-
Operated from	1/1 To 12/31	Days of Operation:	365	]
Operate in Con	junction with	Hospital?	No	-
Number of Beds	Set Up and St	affed (12/31/03):	57	-
Total Licensed	Bed Capacity	(12/31/03):	57	-
Number of Resid	dents on 12/31	/03:	51	i

Ownership:	Corporation
Highest Level License:	Skilled
Operate in Conjunction with CBRF?	No
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Average Daily Census:	54

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No						17.6 43.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.9	More Than 4 Years	17.6
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84	7.8 33.3	•	78.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	5.9		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	2.0	65 & Over	96.1		
Transportation	No	Cerebrovascular	11.8			RNs	10.9
Referral Service	No	Diabetes	3.9	Gender	용	LPNs	8.1
Other Services	Yes	Respiratory	11.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	62.7	Male	21.6	Aides, & Orderlies	38.3
Mentally Ill	No	[		Female	78.4		
Provide Day Programming for		[	100.0				
Developmentally Disabled	No	1			100.0		
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## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	010	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	1	9.1	332	2	6.9	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.9
Skilled Care	10	90.9	282	27	93.1	117	1	100.0	171	10	100.0	211	0	0.0	0	0	0.0	0	48	94.1
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		29	100.0		1	100.0		10	100.0		0	0.0		0	0.0		51	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	2.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health		Bathing	0.0		80.4	19.6	51
Other Nursing Homes	2.9 i		11.8		58.8	29.4	51
Acute Care Hospitals	89.4 i		17.6		58.8	23.5	51
Psych. HospMR/DD Facilities	0.0		15.7		51.0	33.3	51
Rehabilitation Hospitals	0.0	Eating	35.3		52.9	11.8	51
Other Locations	4.8	******	*****	****	*****	******	*****
Total Number of Admissions	104	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	i	Indwelling Or Extern	al Catheter	9.8	Receiving Resp	iratory Care	9.8
Private Home/No Home Health	38.0	Occ/Freq. Incontinen	t of Bladder	52.9	Receiving Trac	heostomy Care	2.0
Private Home/With Home Health	10.2	Occ/Freq. Incontinen	t of Bowel	31.4	Receiving Suct	ioning	3.9
Other Nursing Homes	6.5	-			Receiving Osto	my Care	2.0
Acute Care Hospitals	8.3	Mobility			Receiving Tube	Feeding	11.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	70.6
Rehabilitation Hospitals	0.0					-	
Other Locations	9.3 i	Skin Care			Other Resident C	haracteristics	
Deaths	27.8 i	With Pressure Sores		3.9	Have Advance D	irectives	47.1
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	108				Receiving Psyc	hoactive Drugs	51.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	Proprietary Peer Group % Ratio		-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer	Group	Faci	lities		
	용	રુ			% Ratio		Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	84.6	1.13	88.0	1.09	88.1	1.09	87.4	1.10		
Current Residents from In-County	74.5	75.5	0.99	72.9	1.02	69.7	1.07	76.7	0.97		
Admissions from In-County, Still Residing	10.6	18.9	0.56	20.1	0.53	21.4	0.49	19.6	0.54		
Admissions/Average Daily Census	192.6	152.9	1.26	129.5	1.49	109.6	1.76	141.3	1.36		
Discharges/Average Daily Census	200.0	154.8	1.29	130.3	1.53	111.3	1.80	142.5	1.40		
Discharges To Private Residence/Average Daily Census	96.3	63.8	1.51	52.2	1.85	42.9	2.25	61.6	1.56		
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14		
Residents Aged 65 and Older	96.1	93.7	1.02	94.2	1.02	93.1	1.03	87.8	1.09		
Title 19 (Medicaid) Funded Residents	56.9	66.0	0.86	66.3	0.86	68.8	0.83	65.9	0.86		
Private Pay Funded Residents	19.6	19.0	1.03	21.6	0.91	20.5	0.95	21.0	0.94		
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00		
Mentally Ill Residents	2.0	31.3	0.06	36.2	0.05	38.2	0.05	33.6	0.06		
General Medical Service Residents	62.7	23.7	2.64	21.5	2.92	21.9	2.87	20.6	3.05		
Impaired ADL (Mean)	54.1	48.4	1.12	48.4	1.12	48.0	1.13	49.4	1.09		
Psychological Problems	51.0	50.1	1.02	53.4	0.96	54.9	0.93	57.4	0.89		
Nursing Care Required (Mean)	13.0	6.6	1.98	6.9	1.88	7.3	1.79	7.3	1.77		